## BEST AVAILABLE COPY

| Effective October 1, 2000  |  |   |                      |                                |   |                  |            |  |      |                        |                     |            |                                       |  |
|--|--|---|----------------------|--------------------------------|---|------------------|------------|--|------|------------------------|---------------------|------------|---------------------------------------|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |   |                      |                                |   |                  |            | SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY |      |                        |                     |            |                                       |  |
| TOTAL CLAIMS   |  |   | (9                   |                                | <u>,                                     </u> |                  |            | RATE   |      | FEE                    |                     | RATE       | FEE                                   |  |
| FOR  |  |   | NUMBER FILED         |                                | NUMBER EXTRA                                  |                  |            | BASIC FEE                                    |      | 355.00                 | OR                  | BASIC FEE  | · 710.00                              |  |
| TOTAL CHARGEABLE CLAIMS  |  |   | 9 minus 20=          |                                | •   |                  |            | X\$ 9=                                       |      |                        | OR                  | X\$18=     |                                       |  |
| INDEPENDENT CLAIMS   |  |   | @ minus 3 = 1        |                                |   |                  |            | X40=   |      | TT                     | OR                  | X80=       |                                       |  |
| ML   | ILTIPLE DEPEN                                  | IDENT CLAIM P                             | RESENT               |                                |   |                  |            | +135=  |      |                        | OR                  | +270=      |                                       |  |
| * If   | the difference                                 | in column 1 is                            | ess than zero, enter |                                | "0" in column 2                               |                  |            | TOTAL  |      | 355                    | OR                  | TOTAL      |                                       |  |
|  | C  | LAIMS AS A                                | MENDED               | MENDED - PART II               |   |                  |            |  |      | ,                      | OTHER THAN          |            |                                       |  |
| (Column 1)   |  |   |                      | (Colur                         |   | (Column 3)       |            | SMAL   | L E  | NTITY                  | OR                  | SMALL      |                                       |  |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                      | HIGH<br>NUMI<br>PREVIO<br>PAID | BER<br>DUSLY                                  | PRESENT<br>EXTRA |            | RATE   |      | ADDI-<br>TIONAL<br>FEE |                     | RATE       | ADDI-<br>TIONAL<br>FEE                |  |
|  | Total  | *   | Minus                | **                             |   | =                |            | X\$ 9=                                       | -    |                        | OR                  | X\$18=     |                                       |  |
|  | Independent                                    | *   | Minus                | ***                            |   | <u> </u>         |            | X40=   |      |                        | OR                  | X80=       |                                       |  |
| L  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                      |                                |   |                  |            | +135=  | .    |                        | OR                  | +270=      |                                       |  |
|  |  |   |                      |                                |   |                  | L          | тот  |      | -                      | OR                  | TOTAL      |                                       |  |
|  |  | (Column 1)                                |                      | (Colur                         | mn 2)   | (Column 3)       |            | ADDIT. FE                                    | et L |                        | ]                   | ADDIT. FEE | · · · · · · · · · · · · · · · · · · · |  |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                      | HIGH<br>NUM<br>PREVIO<br>PAID  | IEST<br>BER<br>DUSLY                          | PRESENT<br>EXTRA |            | RATE   |      | ADDI-<br>TIONAL<br>FEE |                     | RATE       | ADDI-<br>TIONAL<br>FEE                |  |
|  | Total  | *   | Minus                | **                             |   | =                |            | X\$ 9=                                       | .    |                        | OR                  | X\$18=     |                                       |  |
|  | Independent                                    | *   | Minus                | ***                            |   | =                |            | X40=   | 1    |                        | OR                  | X80=       |                                       |  |
| L  | FIRST PRESENTATION OF MU                       |   | JLTIPLE DEPENDENT    |                                | CLAIM   |                  | <b>ا</b> ا | +135=  | _    |                        | OR                  | +270=      |                                       |  |
|  |  |   |                      |                                |   |                  |            | TOTA   |      |                        | \I                  | TOTAL      |                                       |  |
|  | (Column 1) (Colum                              |   |                      |                                |   | (Column 3)       | _          | ADDIT. FE                                    | :E & |                        | ,                   | ADDIT. FEE |                                       |  |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                      | HIGH<br>NUMI<br>PREVIO<br>PAID | BER<br>DUSLY                                  | PRESENT<br>EXTRA |            | RATE   |      | ADDI-<br>TIONAL<br>FEE | ,                   | RATE       | ADDI-<br>TIONAL<br>FEE                |  |
|  | Total  | *   | Minus                | **                             |   | =                | X\$ 9      | X\$ 9=                                       |      |                        | OR                  | X\$18=     |                                       |  |
|  | Independent                                    | *   | Minus                | ***                            |   | =                |            | X40=   | 寸    |                        | OR                  | X80=       | •                                     |  |
| L  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                      |                                |   |                  |            |  |      | !                      |                     |            |                                       |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  |  |   |                      |                                |   |                  |            |  |      | OR                     | +270=               |            |                                       |  |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |  |   |                      |                                |   |                  |            |  |      | OR                     | TOTAL<br>ADDIT: FEE |            |                                       |  |
|  | The "Highest Num                               | nber Previously Pa                        | id For" (Total or    | Independe                      | ent) is the                                   | highest numbe    | er foui    | nd in the                                    | appi | ropriate box           | in col              | lumn 1.    |                                       |  |

Application or Docket Number